



Immunization Exemption Form

Because participation in a summer camp has a potential for communicable diseases, we strongly recommend that participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis, and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical or of personal choice. This form is intended to capture information about individuals who are not fully immunized.

Camper Name: _____ Gender _____

D.O.B. ___ / ___ / ___ Age at Camp ___ Custodial parent(s)/guardian(s) Name _____

Please fill out the following immunization record, or attach a copy of immunization record

Immunization	Dose 1 (month/year)	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent Dose
Diphtheria, tetanus, pertussis (DTap, Tdap)						
Tetanus Booster (Td)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) Had chicken pox? Date: _____						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test						Date: ___ / ___ Pos ___ Neg ___

If your camper has not been fully immunized, please describe the reasons, whether medical or personal, for that choice: _____

For any camper who has not been fully immunized, please sign the following statement: **I understand and accept the risks to my child from not being fully immunized. I understand that if communicable disease occurs or is likely to occur at Mountain Friends Camp, the camp or health department may require the exclusion of infected persons and non-immunized persons.**

Signature of Custodial Parent/Guardian: _____

Print Name: _____ Date: _____

Relationship to Camper: _____ Phone: _____